PART B - FEE(S) TRANSMITTAL

Complete and send this form, together wan applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				(c) Transmittal This	s certificate cannot be used	for domestic mailings of the l for any other accompanying nent or formal drawing, mus	
	7590 09/1:	3/2006	nav				
Suite 205 1300 Post Road			I he Stat add tran	reby certify that thi	ificate of Mailing or Trans s Fee(s) Transmittal is bein ith sufficient postage for fi Stop ISSUE FEE addres O (571) 273-2885, on the	nsmission ng deposited with the United inst class mail in an envelope s above, or being facsimile date indicated below.	
Fairfield, CT 06	6824				*	(Depositor's name)	
						(Signature)	
			:		<u> </u>	(Date)	
APPLICATION NO	FILING DATE	4	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO	CONFIRMATION NO	
10/672,634 09/26/2003			Al Baker		501054-A-01-US	8083	
IIILE OF INVENTION	N: METHOD AND APPA	ARAIUS FOR ROUIIN	G A COMMUNICATION	TO A USER BASEI	d on a Prebibled pri	ESENCE	
APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE	FEE TOTAL FEE(S) DUE	E DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/13/2006	
EXAN	(INER	ART UNIT	CI ASS-SUBCLASS				
LA, ANH V		2612	340-573100				
Change of correspondence address or indication of "Fee Address" (37 CFR 1 363) Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached Use of a Custome Number is required.			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a	me of a single firm (having as a member a attorney or agent) and the names of up to adapting attorneys or agents. If no name is			
ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or typ	e)	<i>3.</i>		
					e is identified below, the d	locument has been filed for	
(A) NAME OF ASSIG			(B) RESIDENCE: (CITY				
Avaya Te	chnology Cor	p.	211 Mount	Airy Road	I		
lease check the appropri	iate assignee category or	categories (will not be pr	Basking Richard on the patent):	dge, NJ Individual □ Corp	07920 poration or other private gr	oup entity Government	
a The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed Payment by credit card. Form PIO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0762 (enclose an extra copy of this form).				
	tus (from status indicated						
la Analicant claims	SMALL ENTITY status		b. Applicant is no long	-			
	i Publication ree iii tegii	ar Potent and Trademark	Office.	e applicant, a registe	ered attorney or agent, or u	no assigned of other party in	
OTE: The Issue Fee and	ecords of the United State	es Fatent and Trademark					
OTE: The Issue Fee and	Cords of the United State	Mose .		Date Nove	mber 28, 2006	. <u></u>	

T submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.